

Initial  Unannounced Full/Partial  Follow-up  Location Change  Investigation  Other \_\_\_\_\_

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Leonidas Padilla Date: 7/5/23 Time: 9:24am  
Location Address: 51 Lexington Ave Flr 1, Wtby Telephone #: 475-235-4114  
e-mail address: germany1421@gmail.com License #: 57105 Expiration Date: 10/31/26  
Capacity: 6+3 # of Children Present: 2 # of Staff Present: 1

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations. Provider/Applicant/Substitute's Signature <u>[Signature]</u>
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Purpose of visit: Follow Up - Capacity

Observations/Corrections needed:

19a-87b-5-  
#4) Observed compliance in capacity at today's visit.  
Two children present, who are also household members.

19a-87b-8a  
#21) Provider is in process of ~~it~~ waiting from BCIS helpdesk  
to help comply with background check requirements. We  
discussed with provider that she cannot provide childcare  
until background checks are completed. Provider stated she  
will be on vacation 7/15/23 - 8/6/23.

S = Substantiated    NS = Not Substantiated    P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: #21 ASAP

Signature: Alexandra Rodriguez / Evelyn Yiente-Darinos  
(OEC Representative)  
Print Name: Alexandra Rodriguez / Evelyn Yiente-Darinos  
Signature: [Signature]  
(Person in Charge)  
Print Name: Leonidas Padilla